

## HAWAII DEPARTMENT OF TRANSPORTATION BLUEPRINT FOR DRIVING UNDER THE INFLUENCE OF DRUGS (DUID)

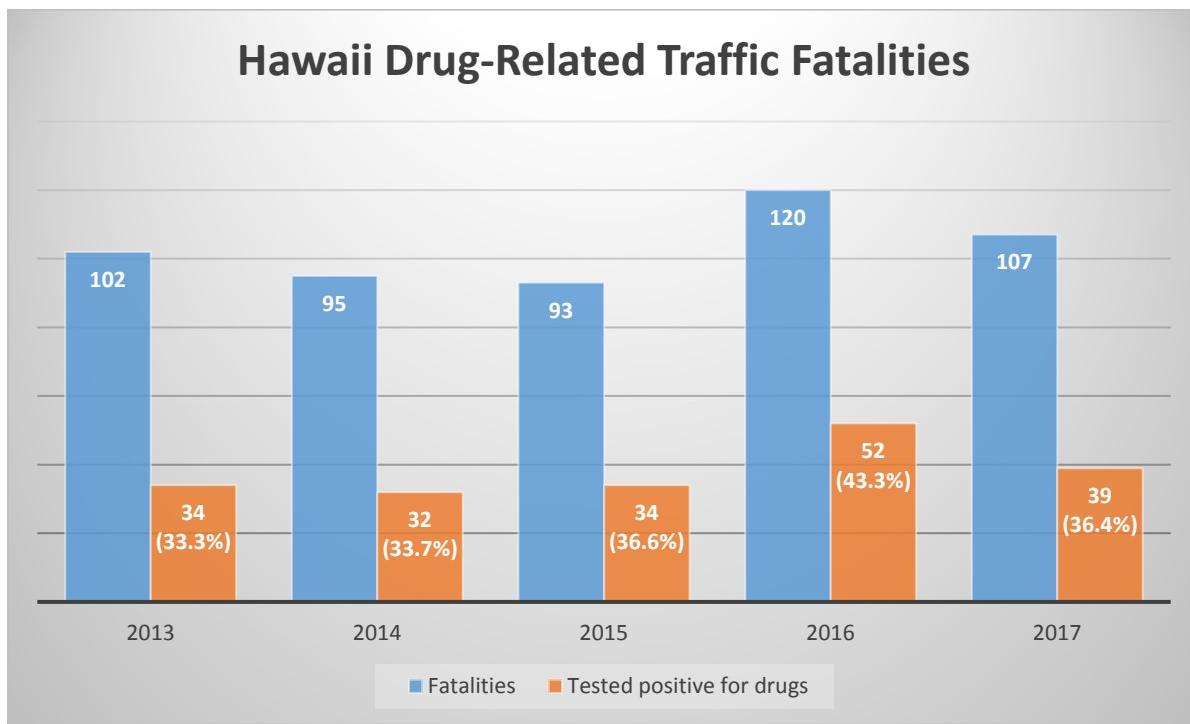
Updated October 2018

### *What is the problem?*

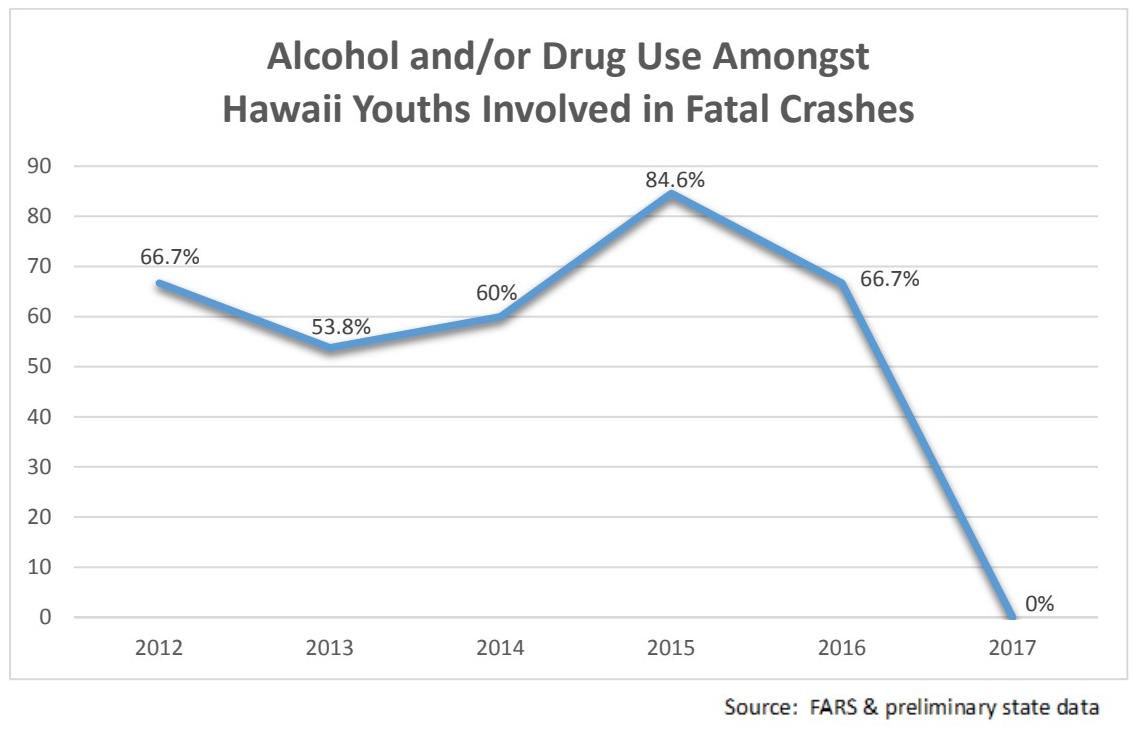
Like the rest of the nation, Hawaii is facing an increase in drug-impaired driving, which is further exacerbated by medical marijuana, prescription drug abuse and a more lenient societal view of recreational marijuana use.

#### THE FACTS

- Drug-related traffic fatalities have been rising in Hawaii.



- In 2013, out of 102 traffic-related fatalities in Hawaii, 34 (or 33.3 percent) tested positive for having drugs in their systems.
  - In 2014, out of 95 traffic-related fatalities in Hawaii, 32 (or 33.7 percent) tested positive for having drugs in their systems.
  - In 2015, out of 93 traffic-related fatalities in Hawaii, 34 (or 36.6 percent) tested positive for having drugs in their systems.
  - In 2016, out of 120 traffic-related fatalities in Hawaii, 52 (or 43.3 percent) tested positive for having drugs in their systems.
  - In 2017, out of 107 traffic-related fatalities in Hawaii, 39 (or 36.4 percent) tested positive for having drugs in their systems.
- Hawaii Fatality Analysis Reporting System (FARS) data also shows that drug use amongst our youth is an issue. The following chart highlights the percentage of youths between the ages of 0 and 19 involved in fatal crashes who tested positive for having alcohol and/or drugs in their systems.



The following data tables provide more detailed information:

<b>2012</b>	<b>Age</b>	<b>Driver/Pass/Ped/Bike</b>	<b>Alcohol</b>	<b>Drug</b>	<b>Deceased Y/N</b>
12/125 fatality victims were b/w 0 to 19. 6/12 fatalities had alcohol & or drugs in their system. 2 crash survivors tested + for alcohol/drugs (66%)	16	Driver	.07	Unknown results	No
	19	Driver	.12	THC	No
	19	Driver	.12	None	Yes
	18	Passenger	.16	Meprobamate	Yes
	18	Passenger	.34	None	Yes
	19	Passenger	.02	THC	Yes
	18	Pedestrian		Other Drug	Yes
	17	Pedestrian		THC	Yes

<b>2013</b>	<b>Age</b>	<b>Driver/Pass/Ped/Bike</b>	<b>Alcohol</b>	<b>Drug</b>	<b>Deceased Y/N</b>
13/102 fatality victims were b/w 0 to 19. 7/13 fatalities had alcohol & or drugs in their system. (53.8%)	17	Driver	.33	Benzoylecgoneine	Yes
	19	Driver		Methylone	Yes
	19	Driver	.17	Benzoylecgoneine	Yes
	19	Driver	.08	None	Yes
	17	Passenger	.22	THC	Yes
	16	Passenger	.05	THC	Yes
	18	Bicyclist		Methylone	Yes

Methylone is a form of MDMA (Hallucinogen)

<b>2014</b>	<b>Age</b>	<b>Driver/Pass/Ped/Bike</b>	<b>Alcohol</b>	<b>Drug</b>	<b>Deceased Y/N</b>
5/95 fatality crash victims were b/w 0 to 19. 3/5 fatalities had alcohol & or drugs in their system. (60%)	18	Driver	.12	THC	Yes
	19	Driver	.34	None	Yes
	19	Passenger		THC	Yes

<b>2015</b>	<b>Age</b>	<b>Driver/Pass/Ped/Bike</b>	<b>Alcohol</b>	<b>Drug</b>	<b>Deceased Y/N</b>
13/93 fatality victims were b/w 0 to 19. 8/13 fatalities had alcohol & or drugs in their system. 3 crash survivors tested positive + for alcohol/drugs (84.6%)	18	Driver		Meth	No
	19	Driver		Diazepam	Yes
	18	Driver		THC	No
	18	Driver	.24	None	Yes
	19	Passenger	.09	None	Yes
	19	Passenger	.13	None	No
	17	Passenger	.09	None	Yes
	19	Pedestrian	.17	THC	Yes
	17	Passenger	.09	THC	Yes
	19	Passenger		Alprazolam	Yes
	18	Passenger	.20	Benzoylecgoneine	Yes

Benzoylecgoneine is the main metabolite in cocaine.

<b>2016</b>	<b>Age</b>	<b>Driver/Pass/Ped/Bike</b>	<b>Alcohol</b>	<b>Drug</b>	<b>Deceased Y/N</b>
12/120 fatality victims were b/w 0 to 19. 8/12 fatalities had alcohol & or drugs in their system (66%). 3 crash survivors tested positive + for alcohol/drugs	18	Driver		MDMA	No
	19	Driver		Meth	No
	17	Driver		THC	Yes
	18	Driver		Unk. Depressant	Yes
	19	Driver	.02	None	No
	19	Driver	.26	THC	Yes
	18	Passenger		THC	Yes
	19	Passenger		THC	Yes
	19	Pedestrian		THC	Yes
	16	Pedestrian		LSD	Yes
	19	Pedestrian	.10	THC	Yes

<b>2017*</b>	Age	Driver/Pass/Ped/Bike	Alcohol	Drug	Deceased Y/N
5/107 fatality victims were b/w 0 to 19. Of those tested, none of the fatalities had alcohol & or drugs in their system.	15	Driver			Yes
	14	Driver			Yes
	19	Driver			Yes
	2	Passenger			Yes
	17	Pedestrian			Yes

\* Preliminary state data

Yellow indicates alcohol only.

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*What are our challenges?*

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## MARIJUANA

Hawaii has been a medical marijuana state since 2000. However, medical marijuana card holders could only grow their own supply of marijuana since Hawaii's law did not allow for retail dispensaries. That changed in 2015, when Hawaii's State Legislature legalized the opening of medical marijuana production facilities and retail dispensaries beginning July 15, 2016.

To begin with, eight licenses were awarded to companies interested in operating production centers and dispensaries – three on Oahu, two licenses each on Maui and the Big Island; and one license on Kauai. Each licensee is allowed to operate two production centers and two dispensaries, which means that there may be a total of 16 dispensaries statewide.

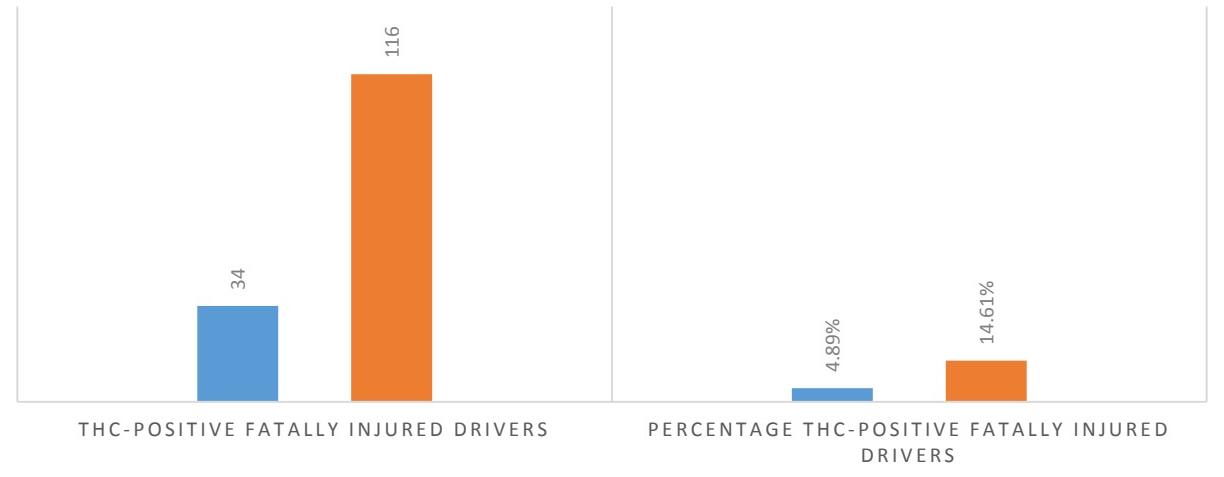
According to data from ADLRO, marijuana appears to be the drug of choice amongst drug-impaired drivers in Hawaii. FARS data paints a similar picture. From 2013 through 2015, out of 272 fatal crashes in Hawaii, 53 (or 19 percent) involved tetrahydrocannabinol (THC).

Based on prior years' data, the Hawaii Department of Transportation (HDOT) expects these numbers to increase as a result of the opening of the dispensaries and the availability of medical marijuana products.

In Hawaii, there was a significant increase in marijuana-impaired driving following the legalization of medical marijuana. According to Hawaii FARS data, during the pre-medical marijuana period (1991-2000), 4.89 percent of fatally injured drivers tested positive for having marijuana in their systems. After the medical marijuana program went into effect, during the post-medical marijuana period (2001-2011), the proportion of fatally injured drivers who tested positive for THC increased to 14.61 percent.

## IMPACT OF MEDICAL MARIJUANA IN HAWAII NUMBER AND PERCENTAGE OF THC-POSITIVE FATALITIES

■ Pre Medical Marijuana (1991-2000) ■ Post Medical Marijuana (2001-2011)



Source: FARS

We will monitor the effects of the opening of the retail dispensaries. At this time (as of September 2018), there are six retail dispensaries open in Hawaii – three on Oahu, two on Maui and one on Kauai.

With more states legalizing recreational use of marijuana, it seems that Hawaii's medical marijuana law is just the stepping stone towards the inevitable. Observations of the marijuana-related legislative bills that have been proposed and heard in recent years lead the HDOT to conclude that we are moving in that direction.

## HAWAII'S STATUTES

Hawaii's OVUII statute (§291E-61 HRS) states that:

A person commits the offense of operating a vehicle under the influence of an intoxicant if the person operates or assumes actual physical control of a vehicle:

- (1) While under the influence of alcohol in an amount sufficient to impair the person's normal mental faculties or ability to care for the person and guard against casualty;
- (2) **While under the influence of any drug that impairs the person's ability to operate the vehicle in a careful and prudent manner;**
- (3) With .08 or more grams of alcohol per two hundred ten liters of breath; or
- (4) With .08 or more grams of alcohol per one hundred milliliters or cubic centimeters of blood.

However, according to §291E-1 HRS, the definition of "drug" in the OVUII statute means "any controlled substance, as defined and enumerated in schedules I through IV of chapter 329, or its metabolites." As a result, the OVUII statute does not apply to drivers impaired on substances not included in the schedules, such as kava and new synthetic drugs. This is especially problematic if Hawaii's legislators decide to remove THC from the schedules.

## LIMITED DATA

Although Hawaii has been taking steps to improve collection of drugged driving data, we are still limited by obstacles that are out of control, such as interpretations of and compliance with the mandatory blood draw law. To measure impacts, progression and/or regression, our State needs to first collect meaningful data to be used as baselines, and then collect data to be measured against those baselines. There is also a need for data analysis to turn the raw data into "usable data" that is essential for problem identification and evaluation of strategies.

## LIMITED FUNDING

At this time, federal funding from the National Highway Traffic Safety Administration (NHTSA) is the primary source of funding used to support much of Hawaii's driving under the influence of drugs (DUID) initiatives, including travel to Drug Recognition Expert (DRE) training on Oahu for neighbor island law enforcement officers.

County police departments use their own funding for certain trainings like the Advanced Roadside Impaired Driving Enforcement (ARIDE) trainings and for forensic toxicology testing for drugged driving cases.

Limited funding restricts Hawaii's traffic safety partners from pursuing strategies and conducting activities to combat impaired driving.

Restrictions on federal funding is another roadblock we must contend with. Like other states, Hawaii is only allowed to utilize Section 154 and 164 penalty transfer funds for alcohol-impaired driving initiatives. This current restriction should be lifted to allow states to use the funds to combat impaired driving, whether it's alcohol or drug related, based on data-driven problem identification.

### **NO STATE LAB**

Hawaii's isolation from the U.S. mainland, existing statutes and judicial system all contribute to the urgent need for a State forensic toxicology lab. Currently, Clinical Laboratories of Hawaii, a privately contracted lab, conducts all analyses of OVUII-alcohol and OVUII-drugs urine samples for Maui, Kauai and Hawaii counties. The Honolulu Police Department has its own county lab that tests OVUII-alcohol urine and blood samples. All blood samples for drug testing from all counties are sent to Clinical Labs, who then sends them to Central Valley Diagnostic Lab in California. Under Hawaii's current OVUII statute, toxicology results must be submitted to ADLRO within eight days for OVUII-alcohol cases and within 22 days for OVUII-drugs cases. Non-compliance with this results in dismissals. In criminal court, the costs associated with bringing in lab personnel to testify gets costly, especially if the samples are sent to a mainland laboratory and cases are continued.

The presence of a comprehensive forensic toxicology lab – that tests all types of samples and includes an extensive panel of drugs tested – within the State will help to alleviate a majority of these issues. However, the costs to establish and maintain a new State lab are prohibitive, and the responsibilities associated with operating the lab are daunting.

### **ADJUDICATION ISSUES**

- There needs to be increased prosecution of DRE cases
- There needs to be annual training for judges, prosecutors and other stakeholders to be updated on current trends and common misconceptions
- Horizontal Gaze Nystagmus (HGN) is not being admitted into courts

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*So what are we going to do about it?*

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## A LIVING DOCUMENT

This blueprint is a “living document,” intended to be continuously reviewed and updated as trends and circumstances change. It is meant to be used as a guide for all partners, adapting the strategies to their unique expertise, challenges and resources, to achieve progress in successfully addressing the problem of drug-impaired driving.

## AREAS OF CONCENTRATION

Hawaii is taking a multi-faceted, holistic approach to address the ultimate issue of impaired driving. As such, partnerships are key to implementing strategies and achieving progress. We have broken down our strategies into three main areas:

- 1) Prevention, Education and Communication
- 2) Enforcement/Adjudication
- 3) Post-Adjudication

Each of these three areas will tackle issues specific to their fields, but there are consistent topics that span all sections, including training, education, funding, legislation, and policy. Of course, partnerships and collaborations amongst the three areas are also essential.

## PREVENTION, EDUCATION & COMMUNICATION STRATEGIES

	STRATEGIES
1	Conduct educational marketing research
2	Increase public awareness and education on drugged driving (legal and illegal)
3	Educate legislators on the dangers and consequences of drugged driving
4	Develop programs and continue to support best practices, focusing on educating young drivers, families and at-risk groups
5	Identify funding sources and apply for funding
6	Implement widespread and comprehensive educational initiatives to address drug-impaired driving
7	Establish and maintain partnerships to increase drugged driving awareness within the communities, the private business sector and other industries within Hawaii

STRATEGY #1: Conduct educational marketing research	
1a	Identify communication messages to combat the common misperception that users drive better/safer when under the influence of marijuana and that marijuana is safe. “I drive slower, so it must be safer.” “It allows me to concentrate better, so I am a better driver.” “No one has ever died from smoking marijuana.”
1b	Assess local application of non-accusatory but strictly informative public education campaign like Colorado’s “Good to Know” campaign
1c	Develop “Drive High Get a DUI” public education campaign like Washington State and Colorado
1d	Conduct marketing surveys/focus groups to develop public education messaging (different segments of the population may react differently to different messaging)
1e	Collaborate with appropriate agencies to obtain correct data to combat common misconceptions

1f	<p>Conduct surveys in Judiciary Driver Education program for convicted OVUII offenders</p> <ul style="list-style-type: none"> <li>• Initial progress on survey of students on cannabis use; findings include:           <ul style="list-style-type: none"> <li>◦ 19-61 ages</li> <li>◦ Mostly recreational use</li> <li>◦ Majority grow their own cannabis</li> <li>◦ If purchase, mostly from dealer</li> <li>◦ Do not believe impairs driving</li> <li>◦ First time use was 14-16 years old</li> </ul> </li> <li>• Future surveys should include questions asking young adults where they hear about drugs; where they get their news from (social media, radio, word of mouth, etc.); and what they believe to be credible sources of information</li> </ul>
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STRATEGY #2: Increase public awareness and education on drugged driving (legal and illegal)	
2a	<p>Gather existing educational resources from various agencies (Coalition for a Drug-Free Hawaii, NHTSA, etc.)</p> <ul style="list-style-type: none"> <li>• MADD Conference</li> <li>• TLC PR-developed prescription drug flyer; distribute to pharmacist groups</li> </ul>
2b	<p>Identify agencies that can implement action items [DOH Alcohol &amp; Drug Abuse Division (ADAD), Judiciary Driver Education Program, etc.]</p>
2c	<p>Identify appropriate groups and agencies to disseminate message that driving after ingesting drugs, whether illicit, prescription or over the counter, is a safety risk that can amount to a violation of the law</p>
2d	<p>Develop a webinar to be used by state and county agencies to train supervisors on basic detection of drug impairment (webinar may also be used for private companies in the future)</p>
2e	<p>Utilize Hawaii Partnership to Prevent Underage Drinking's (HPPUD) Youth Council, National Prevention Week and social media to expand reach</p>
2f	<p>Partner with local businesses to provide traffic safety and DUID education and awareness to supervisors and employees</p>

STRATEGY #3: Educate legislators on the dangers and consequences of drugged driving	
3a	<p>Prepare a motor vehicle crash study using fatal data from FARS and toxicology data from the Emergency Departments</p>
3b	<p>Develop a "Day in the Trauma Bay" walk-through experience at Queen's Medical Center, with a mock scenario of blood draw issues</p>

**STRATEGY #4: Develop programs and continue to support best practices, focusing on educating young drivers, families and at-risk groups**

4a	Survey existing programs and local resources through HPPUD, Coalition for a Drug-Free Hawaii, NHTSA, etc.
4b	Provide training to teachers and driver's education instructors to recognize alcohol and other drug impairment
4c	Promote programs such as the Drug Impairment Training for Educational Professionals (DITEP) to help educators detect drug impairment in students
4d	Include drugged driving in driver education, high school programming and employer programs
4e	Get youth involved and engaged

**STRATEGY #5: Identify funding sources and apply for funding**

5a	Partner with Neurotrauma Fund Board of Directors
5b	Tap into marijuana-related funds that have been legislatively appropriated for public safety education campaigns

**STRATEGY #6: Implement widespread and comprehensive educational initiatives to address drug-impaired driving**

6a	Partnerships and collaboration between DOH, HDOT, Department of Public Safety and other law enforcement agencies to develop public education campaigns
6b	Partnerships with Hawaii's medical marijuana industry and retail dispensaries to provide education materials and information on personal responsibility and public safety to their clientele
6c	Partnerships with local businesses to provide drugged driving and drug impairment trainings to their supervisors and employees
6d	Partnerships with local government agencies to provide drugged driving and drug impairment training to their supervisors and employees
6e	Request that police departments mention in sobriety checkpoint news releases, media statements, social media placements and local stories that specially trained drug detection officers will be working the checkpoints
6f	Request that police departments mention possible involvement of drugs in fatal crash news releases and reports to the media, just like how they note that speed, alcohol, helmet use and seat belt use may be factors in a crash
6g	Publicize Legacy Checkpoints

**STRATEGY #7: Establish and maintain partnerships to increase drugged driving awareness within the communities, the private business sector and other industries within Hawaii**

7a	Provide training to the community, including medical staff, emergency medical services technicians, etc. to recognize alcohol and other drug impairment
7b	Establish and maintain partnerships within Hawaii's visitor industry to educate key decision makers and stakeholders (Hawaii Tourism Authority, Hawaii Lodging & Tourism Association, Hawaii Visitors Convention Bureau, cruise ship operators, etc.) <ul style="list-style-type: none"> <li>• Educate on the potential consequences of marijuana legalization; impacts to meetings and conventions business</li> <li>• Educate visitors on the dos and don'ts of ingesting and transporting marijuana (illegal to transport interisland and out of state; permissible locations to consume cannabis; reciprocity rules; drugged driving laws; etc.)</li> </ul>
7c	Establish and maintain partnerships with homeless advocates to educate on the impacts of marijuana legalization and to provide safeguards for impaired, homeless pedestrians
7d	Build upon existing partnerships amongst organizations such as MADD, HPPUD, DTRIC Insurance, Hawaii's Strategic Highway Safety Plan, State Highway Safety Council, Impaired Driving Task Force, Coalition for a Drug-Free Hawaii, DOH, law enforcement agencies, prosecutors' offices and the Department of the Attorney General
7e	Expand partnerships to include other community coalitions; Department of Education; AAA Hawaii; local hospitals and clinics; medical marijuana dispensaries; Hawaii Bicycling League; People's Advocacy for Trails Hawaii (PATH); local colleges and universities; local churches; treatment centers; national organizations such as Smart Approaches to Marijuana (SAM); etc.
7f	Look for opportunities to publicly recognize outstanding individuals and organizations that have contributed to the prevention and awareness of DUID

## ENFORCEMENT/ADJUDICATION STRATEGIES

	STRATEGIES
1	Enact policies and laws to support effective enforcement and prosecution of drug-impaired driving
2	Research a process to provide funding to county law enforcement and substance abuse prevention and treatment programs
3	Explore solutions to current barriers to DUID adjudication
4	Enhance the Traffic Safety Resource Prosecutor (TSRP) program in Hawaii
5	Improve upon prosecution of DUID cases
6	Establish a state lab
7	Improve upon and continue high visibility sobriety checkpoints and media campaigns
8	Improve the quality of the DRE program in Hawaii
9	Improve awareness of drugged driving and provide specialized training for police and prosecutors
10	Educate judges on drugged driving, the Standardized Field Sobriety Tests, the DRE process and validation studies
11	Incorporate drugged driving training into CDL/CMV-related initiatives
12	Improve upon data collection to meet data needs
13	Maintain ongoing communication between DRE Agency Coordinators/DREs and toxicologists
14	Improve upon the use of effective and efficient methods to detect and/or measure the level of impairment of a driver under the influence of drugs

STRATEGY #1: Enact policies and laws to support effective enforcement and prosecution of drug-impaired driving	
1a	Change OVUII statute to expand the definition of drugs to include non-controlled substances
1b	Enact legislation for increased penalties for driving under the combined influence of alcohol and drug
1c	Enact legislation to make it unlawful for a person who is addicted to the use of any drug to drive a vehicle
1d	Enact open container legislation for marijuana
1e	Establish a zero tolerance law for all drugs for drivers under the age of 21

STRATEGY #2: Research a process to provide funding to county law enforcement and substance abuse prevention and treatment programs	
2a	Enact legislation to appropriate a percentage of marijuana-related taxes to be used towards drugged driving-related enforcement, training (DRE, ARIDE, DITEP, etc.) and treatment

STRATEGY #3: Explore solutions to current barriers to DUID adjudication	
3a	Enhance conviction rate by improving witness attendance in OVUII cases
3b	Increase conviction rate by reducing refusals
3c	Re-evaluate procedures related to Administrative Driver's License Revocation, and improve ADLRO documentation and communication <ul style="list-style-type: none"> <li>• Streamline processes</li> <li>• Reduce the amount of paperwork, if possible</li> </ul>
3d	Develop a search warrant system (electronic search warrant would be ideal)
3e	Continue to encourage compliance of the mandatory blood draw law
3f	Funding for expert witnesses for all impaired driving cases

STRATEGY #4: Enhance the Traffic Safety Resource Prosecutor (TSRP) program in Hawaii	
4a	Encourage all prosecutors and officers to utilize the TSRP as a resource
4b	Expand duties and roles of Hawaii's TSRPs
4c	Increase awareness of the TSRP program and its availability as a resource to officers, prosecutors and other traffic safety partners statewide

STRATEGY #5: Improve upon prosecution of DUID cases	
5a	Increase the filing and prosecution of DUID cases
5b	Encourage prosecutors to conduct pre-trial meetings and conferences with expert witnesses (DREs and toxicologists)
5c	Set up a phone conference with the toxicology expert as early as possible. Send any information/comments/etc. regarding statements of drug ingestion. Share the officer's observations of the defendant's driving and behavior. When possible, obtain prescription records for the defendant to assist the toxicologist in their evaluations of the case.
5d	Initiate grants to counties for prosecutors dedicated to DUID vertical prosecution to work DUID cases from arrest through sentencing

<b>STRATEGY #6: Establish a state lab</b>	
6a	Estimate current toxicology testing and adjudication costs to law enforcement agencies and prosecutors
6b	Estimate budget to establish and maintain a state lab
6c	Enact legislation to support and fund a state lab

<b>STRATEGY #7: Improve upon and continue high visibility sobriety checkpoints and media campaigns</b>	
7a	Recommend that there be at least one DRE- or ARIDE-trained officer present at roadblocks

<b>STRATEGY #8: Improve the quality of the DRE program in Hawaii</b>	
8a	Establish Hawaii DRE Advisory Committee
8b	Streamline and standardize procedures
8c	Solicit support from police chiefs and other law enforcement agency leadership <ul style="list-style-type: none"> <li>• Educate heads of law enforcement agencies and their command staff on how they can utilize a DRE's skills, either calling a DRE into their investigations or having a certified DRE on their team</li> </ul>
8d	Promote the use of DREs in more areas, such as in non-traffic criminal investigations, vehicular homicide cases and in crash reconstruction
8e	Establish agency policy to have DRE officers present at serious injury and fatal crash scenes, vehicular assaults and vehicular homicides to help with on-scene investigations
8f	Coordinate with law enforcement agencies on the development of an on-call response protocol for the investigation of fatal and serious injury crashes
8g	Motivate DREs to conduct more enforcement evaluations
8h	Increase the statewide average number of enforcement evaluations per year per DRE <ul style="list-style-type: none"> <li>• Include as performance measure in impaired driving grants</li> </ul>
8i	Share DRE officers as a resource between jurisdictions and agencies <ul style="list-style-type: none"> <li>• Implement DRE call-out procedures in each agency and county wide. For example, if no DRE is available from the Sheriff Division on Oahu, HPD or NSA may be called upon to assist.</li> </ul>
8j	Determine how to retain DREs
8k	Incorporate substance abuse treatment recommendations and counseling as part of DRE Certification Nights

**STRATEGY #9: Improve awareness of drugged driving and provide specialized training for police and prosecutors**

9a	Encourage courtroom training
9b	Increase frequency and number of ARIDE trainings statewide
9c	<p>Develop a mentorship and “DUI Bootcamp” for all new deputy prosecutors handling impaired driving cases, to include:</p> <ul style="list-style-type: none"> <li>• SFST or SFST Refresher training</li> <li>• ARIDE</li> <li>• Alcohol workshop</li> <li>• DRE-related training (DRE School, DRE in-service, etc.)</li> <li>• DRE Certification Night</li> <li>• Ride along</li> <li>• Mini mock trial</li> </ul>
9d	Educate prosecutors on expert testimony and scientific evidence, including how to establish a DRE’s background and qualify such an individual to give expert testimony in court, how to conduct a proper examination of a toxicologist, and how to read a toxicology report
9e	Conduct “report writing” and “testifying in court” training for drug-impaired driving cases (officers need to know how to adequately describe “objective signs of impairment” – much different from alcohol-impaired driving cases)
9f	<p>Create partnerships and cross trainings within the law enforcement agencies</p> <ul style="list-style-type: none"> <li>• Work with Vice/Narcotics units in law enforcement agencies to educate Traffic Division officers on the latest drugs on the streets, slang, paraphernalia, etc.</li> <li>• Educate Vice Narcotics on the benefits of DREs to their investigations</li> <li>• Urge law enforcement agencies to require their vehicular homicide unit officers to attend ARIDE</li> </ul>
9g	Continue to update law enforcement and prosecutors on drug trends, OVUII, equipment changes, etc.
9h	Train law enforcement in conducting search warrants
9i	Incorporate toxicology strategies into Hawaii’s Strategic Highway Safety Plan; impaired driving committees and task forces; and prosecutor trainings (in-service, legal updates, etc.)

STRATEGY #10: Educate judges on drugged driving, SFSTs, the DRE process and validation studies	
10a	Ride alongs, DRE Certification Nights, alcohol workshops, visit to ER, real life experiences
10b	Recommend to National Judicial College to include alcohol workshops in trainings to judges
10c	Continue to update judges on drug trends, OVUII, equipment changes, etc.

STRATEGY #11: Incorporate drugged driving training into CDL/CMV-related initiatives	
11a	Implement programs such as "Operation Trucker Check" in Oregon, where DREs check CMV drivers at port of entry

STRATEGY #12: Improve upon data collection to meet data needs	
12a	Establish statewide court monitoring program to provide data on OVUII trial results
12b	Track annually statewide: <ul style="list-style-type: none"> <li>• OVUII-alcohol only arrests</li> <li>• OVUII-drug only arrests</li> <li>• OVUII-alcohol and drug combination arrests</li> </ul>
12c	Incorporate toxicology results into crash analysis
12d	Work with agencies (DOH, Judiciary, ADLRO, HDOT, law enforcement, prosecutors, etc.) on collecting better drugged driving-related data

STRATEGY #13: Maintain ongoing communication between DRE Agency Coordinators/DREs and toxicologists	
13a	Encourage DREs to submit their face sheets to the lab
13b	Conduct a State BAC and Drug Testing and Reporting Forum to better understand testing, reporting, clarifying roles, and uncover and solve problems
13c	Invite toxicologists to attend and teach at DRE/ARIDE trainings to provide additional toxicology information

STRATEGY #14: Improve upon the use of effective and efficient methods to detect and/or measure the level of impairment of a driver under the influence of drugs	
14a	Investigate the possibility of using oral fluid drug screening devices to test for drugs in the field (will require legislation and other special approvals)

## POST-ADJUDICATION STRATEGIES

	STRATEGIES
1	Identify and utilize current and new funding sources for drug abuse treatment and substance abuse treatment programs
2	Increase effectiveness of OVUII laws by researching correctional responses (e.g., probation, DWI Court Program) that enhance a reduction in recidivism and supporting those methods
3	Enact rules or legislation imposing sanctions or consequences for non-compliance of Judiciary Driver Education-referred assessment/treatment
4	Research existing best practices and current legislation in other states to enact similar legislation for enhanced penalties for offenders driving illegally after license has been revoked due to OVUII and driving without a license
5	Support efforts by ADAD to monitor and tighten selection and oversight of Certified Substance Abuse Counselors (CSAC) regarding the assessment process

STRATEGY #1: Identify and utilize current and new funding sources for drug abuse treatment and substance abuse treatment programs	
1a	Enact legislation for a special assessment fee to be used as a funding source for substance abuse prevention and treatment programs
1b	Tap into medical marijuana funds that have been legislatively appropriated for substance abuse prevention and education programs

STRATEGY #2: Increase effectiveness of OVUII laws by researching correctional responses (e.g., probation, DWI Court Program) that enhance a reduction in recidivism and supporting those methods	
2a	Enact legislation to fund and establish a permanent DWI Court on Oahu (DWI Court is currently a pilot program)
2b	Utilize Oahu's DWI Court program as a model to establish DWI Courts in the other counties

STRATEGY #3: Enact rules or legislation imposing sanctions or consequences for non-compliance of Judiciary Driver Education-referred assessment/treatment	
3a	Prepare draft bill proposals for future legislative sessions

**STRATEGY #4:** Research existing best practices and current legislation in other states to enact similar legislation for enhanced penalties for offenders driving illegally after license has been revoked due to OVUII and driving without a license

4a	Consult with national agencies and traffic safety partners to compile a list of best practices and learned lessons from other states
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**STRATEGY #5:** Support efforts by ADAD to monitor and tighten selection and oversight of Certified Substance Abuse Counselors (CSAC) regarding the assessment process

5a	Partnership between ADAD and Judiciary Driver Education to create an application process and get buy-in from CSACs
5b	Create partnerships between ADAD, HDOT, FMCSA, etc. to provide CSACs as a resource for CDL/CMV drivers
5c	Incorporate CSACs, Judiciary Driver Education Division and ADAD into impaired driving task forces, committees and trainings

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## *Next Steps*

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There is much to be done to ensure that Hawaii's roadways are free of drug-impaired drivers, but this blueprint will serve as a guide for all partners to work collaboratively and effectively.

To ensure that our state continues to move forward to combat this preventable problem plaguing our roads, all of Hawaii's traffic safety partners (including the obvious partners and the not-so-obvious partners) must revisit the blueprint often to:

- Track progress;
- Evaluate programs for effectiveness; and
- Adjust, add and/or revise strategies and action items, as necessary.

If you have any ideas or suggestions to further expand and enhance the blueprint, please contact Karen Kahikina in the Hawaii Department of Transportation's Highway Safety Section via e-mail at [Karen.G.Kahikina@hawaii.gov](mailto:Karen.G.Kahikina@hawaii.gov).

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## *Resources*

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Ideas, strategies and action items from other resources were considered; customized to apply to Hawaii's needs and culture; and incorporated into this blueprint. These resources include:

- NHTSA's "Countermeasures That Work;"
- Governors Highway Safety Association's "Drug-Impaired Driving Guide;"
- Hawaii's Strategic Highway Safety Plan;
- Hawaii's Impaired Driving Task Force Strategic Plan; and
- The Hawaii Opioid Action Plan

Ideas were also generated during brainstorming sessions amongst Hawaii's traffic safety partners and as a result of attendance at national conferences, such as the Lifesavers Conference; International Association of Chiefs of Police's Training Conference on Drugs, Alcohol and Impaired Driving; and NHTSA Region 9 Partners and Leadership Training.

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## *Acronyms Guide*

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This glossary provides a quick reference to the terms, acronyms and abbreviations used in this Hawaii DUID Blueprint.

ADAD .....	DOH's Alcohol & Drug Abuse Division
ADLRO .....	Administrative Driver's License Revocation Office
ARIDE .....	Advanced Roadside Impaired Driving Enforcement
BAC .....	Blood Alcohol Concentration
CDL .....	Commercial Driver's License
CMV .....	Commercial Motor Vehicle
CSAC .....	Certified Substance Abuse Counselor
CY .....	Calendar year
DITEP .....	Drug Impairment Training for Educational Professionals
DOH .....	Hawaii State Department of Health
DRE .....	Drug Recognition Expert
DUI .....	Driving Under the Influence
DUID .....	Driving Under the Influence of Drugs
DWI .....	Driving While Intoxicated
FARS .....	Fatality Analysis Reporting System
FMCSA .....	Federal Motor Carrier Safety Administration
GHSA .....	Governors Highway Safety Association
HDOT .....	Hawaii Department of Transportation
HGN .....	Horizontal Gaze Nystagmus
HPPUD .....	Hawaii Partnership to Prevent Underage Drinking
HRS .....	Hawaii Revised Statutes
IDTF .....	Impaired Driving Task Force
MADD .....	Mothers Against Drunk Driving
NHTSA .....	National Highway Traffic Safety Administration
OVUII .....	Operating a Vehicle Under the Influence of an Intoxicant
PATH .....	People's Advocacy for Trails Hawaii
SAM .....	Smart Approaches to Marijuana
SFST .....	Standardized Field Sobriety Test
SHSP .....	Strategic Highway Safety Plan
THC .....	Tetrahydrocannabinol
TSRP .....	Traffic Safety Resource Prosecutor